MARGIN 1	
10 - 53	
VS. A15 — 10	

e	MARYLAND STATE DEPARTMEN		0715		
E .	10711CERTIFICATI	E OF DEATH Reg. Dist.	No. 92		
carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):		
carefull legibly.	COUNTY CRC! MARYLAND		cil		
	CITY (If outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a OR TOWN FIRE 23	nd give nearest town)		
of information ath clearly and	HOSPITAL OR INSTITUTION OR DEVINE Nursing Home	STREET (If rural give location) ADDRESS 136 Mossatt St	/		
of ind the	DECEASED: M	OF \	(Year) 1955		
item of de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y			
y every	work done during most of working life. even if retired): At Home House Wife	Harre de Jeace /14	CITIZEN OF WHAT		
Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
K. Su write	POLFIC CONTOFS	17. INFORMANT & ADDRESS:	14 64		
lener .	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mary A. Boyd, EIKton			
ट्रांच हुई	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN ONSET AND DEATH		
ADING is: ple	442X		DEATH		
FA	IMMEDIATE CAUSE (A) DUE TO	vas cular. renal disease	-		
UNF	DISEASES OR CONDITIONS, IF ANY, (B)	d he termining			
WITH UNFA it. Physicians	STATING UNDERLYING CAUSE LAST.		Oct 4 to		
, 20 100	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Actus - Americanosti o	ho.1-		
	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY7		
E PL	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor or contributing Cause of Death Of Injury street, office bldg.,	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?			
WRI s esp	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?			
OF	22. I hereby certify that I attended the deceased from 1957, to 1957, to 1957, that I last saw the deceased				
TYPE rect ag	alive on		stated above. E SIGNED		
SE TY		D. E LADE, Md LERY OR CREMATORY LOCATION (City, town, or	v. 2, 1913 county) (State)		
EA	Burial 11/4/55 Mt Eris	Cemetery A.D. Horrede Jac	ce mid		
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR A THE PROPERTY OF THE PR	24. FUNERAL DIRECTOR 25-9 Em			

BUREAU V. S.

9961 A NO!

BECEINED

Supply every item of information carefully

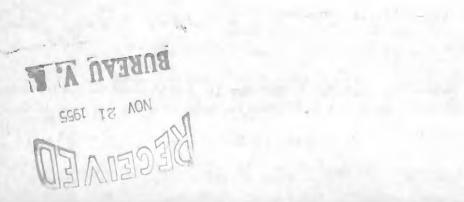
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

S COMPANY TO THE CONTROL OF THE CAME AND THE CAM	107	12	CERTIFICATE	OF	DEATE
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,		10	71	6
Reg.	Dist.	No.	9	2

	· · · · · · · · · · · · · · · · · · ·	/
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
COUNTY Cocil MARYLAND	state Maryland county Cec	11
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		
OR and give nearest town) (in this place)	OR	21
El Kton Cecil Co All life	EIKTON-240 E. Main St	
HOSPITAL OR	STREET (If rural give location	1)
STREET ADDRESS		
Union Hospital	Elkton, Md.	- The same and same a
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month)	(Day) (Year)
	Davis DEATH: Nev	16th 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday ir under	
MACE: WIDOWED, DIVORCED,	2046 1996 58 yrs. Months	Days Hours Min.
Male White (Specify): Married Dec	20th 1896 58 yrs. 11. BIRTHPLACE (State or foreign country): 12	CITITEN OF WILL
TOX. OSCIAL OCCUPATION OF THE PROPERTY OF THE	11. DINTIN CACE (Base of Toroga country): 12	COUNTRY?
even if retired: Genl Hardware	Elkto-Marvland	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	- W. S.	
John H.Davis	Emma Wilson	
15. WAR DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
of service)	H espital Admission Record	
18. MEDICAL CERTIFICAT		INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
EULA		
MMEDIATE CAUSE (A) G astric Hemo	rrhage)ct 30/55	17 days
DUE TO		
ANTECEDENT CAUSE (6)	Wass Dundanni III ann	
	WiserDuodenal Ulcer	
STATING UNDERLYING CAUSE LAST.		
(c) Surgica	1 Operation Nov 9/55	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE	Thursday No. 16/66	5 hours
DISEASE OR CONDITION CAUSING DEATH. COPONET 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	Thrombosis Nov 16/55	5 hours
13X, BATE OF OTERATION		20. AUTOPSY?
Nev 9/55 Duedenal Ulcer-Multiple a	dhesions	YES NO W
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (Cou	nty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.,	, etc. INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F, HOW DID INJURY OCCUR?	
OF INJURY While Not while		
M. at work at work		
22. I hereby certify that I attended the deceased from Oct.	30 , 19.55 to Nov. 16 19.55 that I la	st saw the decease
alive on Nov16/55, 19, and that death occurred at	ADDRESS	e stated above.
		ALE SIGNED
	ERY OR CREMATORY LOCATION (City, town,	C (PP 1 PV -
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town,	or county) (State
burial Nov 19 Elector	Cemetery Election	mo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 401	12	7 0 14



II in Medicine

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MARYLAN	D STATE	DEPARTME	NT OF	HEALTH-	-BALTI	MORE,	18	
MEDICAL	EXAM	INER'S	CEL	RTIFIC	ATE	OF	DEA	TH

10717 Reg. Dist.

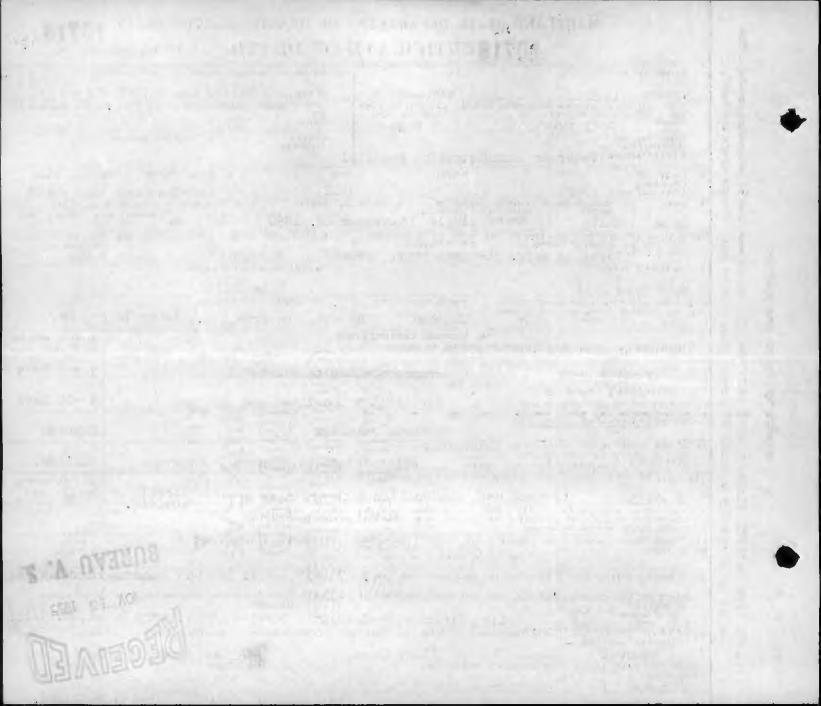
MEDICAL EXAMINER S CERTIFICATE OF DEATH NO.
1. PLACE OF PEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give peerest town) OR and give peerest town OR TOWN TOWN CITY (If outside forporate limits write RURAL and give nearest town) OR TOWN CITY (If outside forporate limits write RURAL and give nearest town)
HOSPITAL OR STREET (If rural, give location) STREET ADDRESS (If rural, give location)
S. NAME OF (Eirst) (Middle) S (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) John HAVES BALLA: 12 DEATH 11 13 1965
5. SEX: 6 COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USCAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BARTHPLACE (State of foreign country): 12. CITIZEN OF WHAT WORK done fluging most of work life, industry:
John Thomas Gallaber Hannah ame:
(5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (16. Social Security No.: 17. INFORMANT & ADDRESS: (17. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (18. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS
18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH. Immediate cause (a) Fracture Ot shouldershock INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO
stating underlying cause last (c)
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street Siles of DEATH. 21b. PLACE (Home, farm, factory, of Street Siles etc., injury) OF Street Siles of Death. (State)
21d. TIME (Month) (Day) (Year) (Hoof) 21e. INJURY OCCURRED While at work at work 21f. HOW DID INJURY OCCURR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, towpoor county) (State) BEMOVAL (Specify): DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS
REG. Nov 16 FR Frager Pippin Sweet May Elifon and

DECELVED V.S. PUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 RE, 18 10718 Reg. Dist. No. 96

1071 GERTIFICATE OF DEATH

			-		
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF	DECEASED:	
COUNTY CERT	ARYLAND	STATE M	ARYLAND COUNT	, Harford	d
CITY (If outside corporate limits, write RURAL)			corporate limits, wrl		
OR and give nearest town)	(in this place)	OR TOWN			
X TOWN Perry Point	5 Days		PERRYMAN		12 X-2
HOSPITAL OR INSTITUTION OR		STREET	(II rural gi	lve focation)	
O STREET ADDRESVeterans Administra	ation Hospit	al			1
. NAME OF (First) (Midd		(Last)	4. DATE (Mo	onth) (Day) (Year)
DECEASED:	*	GALT	OF		, , , , , , , , , , , , , , , , , , , ,
(Type or Print) JOHN A				vember 12	
RACE: WIDOWED, DIVO	DRCED.		9. AGE last birthday	Months Days	-
Male White (Specify): Sing		er 22, 1890	64 yrs.		
A. USUAL OCCUPATION (Give kind of work done during most of working life, OR IN	OF BUSINESS	11. BIRTHPLACE	(State or foreign cou	atry): 12. CIT	IZEN OF WHAT
even if retired Traffic Magr. Aberdee	n Prov Gro	inds Man	yland		UNTRY? USA
3. FATHER'S NAME:	31 12 0V. GIO	14. MOTHER'S N			UDA
John Ross Galt			a Smith		
	IAL SECURITY NO.	17. INFORMANT	& ADDRESS:		
Yes, no, or unkal (If Yes, give war or dates of service) WW_T Unl	known H	ospital Reco	rds, VAH., Pe	rry Point	, Md.
100	ICAL CERTIFICAT				TERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING					NEET AND DEATH
550.1					
IMMEDIATE CAUSE (A)	Bronchopneu	monia, bilat	eral	3	- 2 Days
ANTECEDENT CAUSE (8)	200100101				
DISEASES OR CONDITIONS, IF ANY, (B)	Paritonitis	localized a	nd diffuse	3	3 -10 Days
GIVING RISE TO THE ABOVE CAUSE DUE TO	I GT T ONLIT OT	TOO STITLE OF	270 0227 0000		
STATING UNDERLYING CAUSE LAST.	Ruptured App	andiv		1	Jnknown
		CHULX			MATOMI
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH			eral, Modera	te	Jnknown.
94. DATE OF OPERATION: 198. MAJOR FINDIN	GS OF OPERATIO	N			20. AUTOPSY7.
11-7-55 Appendiceal ex	mloration w	ith drainage	of appendic	eal	YES ON O
1. ACCIDENT WAS LINDERLYING TO 218 PLAC	F (Home farm fac	TOTY 210 WHERE	DID (City or town)	cess	(State)
21a. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING CAUSE OF DEATH OF INJURY OF EITHER, NOTIFY MEDICAL EXAMINER)	Y street, office bldg.,	etc. INJURY OCC	JR?	(County)	(acate)
Wart to	JURY OCCURRED	21F. HOW DID	INJURY OCCURT		
F INJURY While at world	k Not while	300			
VA	3.0 37	D 10EE No	- 30 +off	Annual of the same	
22. I hereby certify that Kattended the decea	ised from NOV.	7, 1979, to NO	ov. 12, 1922,		SUCKE ACCESSO
pality excessorocottooc, and that d	leath occurred at	3:35A M, from	the vauses and on	the date sta	ted above.
ENCOMA TELEPIS		ADDDE	26	TO A PERSON	OTEN
TC CRASBERGER M D Acting Di	rector, Profe	ssional Sem	rices, VAH., Pe	rry Poln	c, 100.11/12/
JC GRASBERGHE M. D. Acting Di	NAME OF CEMET	ERY OR CREMATOR	Y LOCATION (C	ity, town, or co	ounty) (State
REMOVAL (SPECIFT)	Piney Cree				
Removal 11-12-55 DATE REC'D BY LOCAL REGISTRAR'S SIGNA			DIRECTOR	n, Maryla	ADDRESS
REGISTRAR O	m // A-	24. FUNERAL	1 91	111	



72 hours after death. After this director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10719CERTIFICATE OF DEATH

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1	U		Ł	J

		Reg. D	ist. No
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEAS	
county Cecil	MARYLAND	STATE N.C. COUNTY	Jecil
CITY (If outside corporete limits, write RURAL OR and givernearest town).	LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give	neerest town)
X TOWN Point	Life Life	Town Point	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D.		STREET (H rurel give tocetic R. D.	en)
3. NAME OF (First) DECEASED	(Middle)	(Lest) 4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Pearl Mar	y Go	rman Death Nove	nher 1 1955
S. SEX 6. COLOR OR 7. SINGLE, MARR	ED, 8. DATE		DER I YEAR JIF UNDER 24 HRS
F Wh. (Specify) Ma	rried Oct	. 4. 1909 46 yrs. Month	Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIN	D OF BUSINESS	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) House Wife Ho	use Work	Waryland	U.S.A.
13. FATHER'S NAME	1022	14. MOTHER'S MAIDEN NAME	0.0.2.
Moletor		Flomones Proven	
	SOCIAL SECURITY NO.	J'Iorence Brown	3 - 23 1 1
(Yes, no, or unk.) (If Yes, give wer or detes of service)	. SOUNE SECONTI NO.	Mr. George E. Gorman,	own Point,
1	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		DONALL DARRINGS	ONSET AND DEATH
153 X IMMEDIATE CAUSE (A) GET	ERALIZED	ABDOMINA CARCINOMATOS	IS BMONTHS
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	ecinoma o	FCECUM	6HONTHS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
190, DATE OF OPERATION 196, MAJOR FINDINGS		OUM	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street,	e, ferm, fectory,		ounty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e.	INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M. et w			
22. I havehy cartify that I attended the dece	read from M. Brea.	10, 19 55, to NOV 1, 19 55, tha	I last saw the deceases
		11 Abril	
SIGNATURE A	inar death occurred a	ADDRESS (Street, city, town, state)	DATE SIGNED
Ato. M	7-1- ha	Chove hacks to	1/1/1/10
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY // LOCATION (City, town, for cou	inty) (State)
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 11/3/55	-	netery R.D. Chesape	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	, 2001101 001	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ,
DIV 4 1955 MRS RALI	HH REE	Pippin Funeral Home, El	kton, Md.
		m. a. Lus	4%

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HEADO BO BEADINEDERS

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SSEE A ACK

the of the south of Marie Cored LLCS

(Day)

(Year)

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? Yes T No Z

(State)

Undetermined cause .

Md.

ADDRESS



141

ATTENDING PAYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24

72 hours after death. After this director, the third copy of this

the registrar within in by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

MEYNUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10721 CERTIFICATE OF DEATH

10721

Reg. Dist. No. 96

POTITY VILLE SING

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Cecil MARYLAND	STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give nearest town)
Y TOWN Port Deposit Life	or TOWN Port Deposit
HOSPITAL OR	STREET ((1) rural give location)
INSTITUTION OR STREET ADDRESS ROCK Run	ADDRESS Rock Run
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
DECEASED	OF
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	PERTH NOV. 9 1955 PERTH 19. AGE lest birthday 1 IF UNDER 1 YEAR 1 IF UNDER 24 HR.
RACE WIDOWED, DIVORCED,	3-1876 79 yrs Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work tob. KIND OF BUSINESS done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if or INDUSTRY own Home	Maryland USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Hopkins	Alemanda Fard
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes, 170 unk.) (il Yas, give wer or deles of service)	Oscar W. Mason, Pott Deposit, Md.
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
334XIMMEDIATE CAUSE (A) Crebral	Sclerous - 3eps
ANTECEDENT CAUSEIS) DUE TO	7.41
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	selerous 1090
(C)	
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.	gocardete 340
90. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?, YES ☐ NO
TIE. ACCIDENT WAS UNDERLYING 215. PLACE (Home, farm, factory, or OF INJURY street, office bidg., etc.) IF EITHER, NOTIFY MEDICAL EXAMINER	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
Id. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not white et work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from.	70 1952, to 1000-8 1955, that I last saw the deceased
alive on ANOVA 8 19.55 and that death occurred at	
SIGNATURE MACON M.D.	POT ADDRESS (Straat, city, town, shia) DATE SIGNED
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
REMODUFIEL 11-12-1955 Jones Mem	onio 2700- Pont Denocit Man
4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	oria/Cem Port Deposit Md Rura]
11-12-55 8	40 0010 Pattons made & Sonal
DATE // = / 2-3) Sychie E, Denight of	July Company C

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(Day)

(Year)

19 55

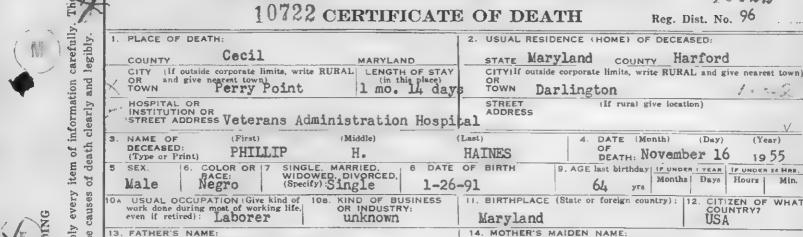
Hours

20. AUTOPSY No

(State)

(County)

COUNTRY?



218. PLACE (Home, farm, factory.

Ų	100001 01	OCTUMENT OF STREET	mar 1 raild	HON
pply the	13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
IMK. Supply se write the c	David A. Hai	nes	Julie Stump	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES		17. INFORMANT & ADDRESS.	
	(Yes, no, or unk.) (If Yes, give war or dates of service) WW I	unknown	Hospital Records, VAH, Perr	y Point, Md.
		18. MEDICAL CERTIFIC	ATION	INTERVAL BETWEE
ğ	I DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEATH		ONSET AND DEAT
	143 X IMMEDIATE CAUSE	\A/	r (cancer) bilateral diffuse	unknown
Cial	ANTECEDENT CAUSE (8'	DUE TO		
AINLY, WITH UNFA important. Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO		
		(C)		
	II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	O THE		
AIN	194. DATE OF OPERATION: 198. MAJO	R FINDINGS OF OPERATI	ON	20. AUTOPSY:

21D. TIME (Month) (Day) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work (7) (10) 22. I hereby certify that Kattended the deceased from 10-2 65

OF INJURY street, office bldg., etc. INJURY OCCUR?

21c. WHERE DID (City or town)

SIGNATURE ADDRESS DATE SIGNED

W. OPPLER, Director, Professional Services M. D. VAH, Perry Point, Md. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) 11-16-55 Darlington, Md. Hosanna Removal

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

21A. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH

FUNERAL DIFECTOR .S.Bailey Funeral Home, Darlington, Md.

MARGIN RESERVED

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2411 N. Charles Street, Baltimere

10714 CERTIFICATE OF DEATH

Reg. Dist. No. 92

I. PLACE OF DEATH- COUNTY COU	
CITY (If outside corporate limits, write RURAL and LENGTH OF STRAY (In this place) OR give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS ON ON ON TOWN FIRST (If rural, give location) ADDRESS And ON OF OF OF OF OF OF OF OF OF	own)
OR give nearest town) / Kton (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS And On Hospital STREET ADDRESS And On Hospital NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) OF O	/
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anion Hospital STREET ADDRESS OF Park Circle STREET ADDRESS OF OF OF OR OF OR OF	/ (Year)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anion Hospital STREET ADDRESS OF Park Circle STREET ADDRESS OF OF OF OR OF OR OF	/ (Year)
INSTITUTION OR STREET ADDRESS Union Hashital ADDRESS 108 Park Circle 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED (Type or Print) (Day Mass W. Hughas DEATH Nev. 8 6. SEX) 6. COLOR OR RACE 7. SINGLE, MARRIED. (S. DATE OF BIRTH 9. AGE last birthday If under I year If un	(Year)
3. NAME OF (First) / (Middle) (Last) 4. DATE (Month) (Day) DECEASED (Type or Print) James W. Hughes DEATH Nev. 8 5. SEX 6. COLOR OR RACE 17. SINGLE, MARRIED. (5. DATE OF BIRTH 19. AGE last birthday If under 1 year If under	(Year)
(Type or Print) UR 77 LS W. MARRIED, S. DATE OF BIRTH 19. AGE last hirthday 1 (under 1 year 1) (under 1 year	(lent)
5. SEX) 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday 1 under year	
	1956
M WIDOWED, DIVORCED, 7/22/1898 57 yrs. Months Days Ho	nder 24 hrs ure Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	OF WHAT
done during most of working life, even if retired) Industry (Washington D C	Δ
18. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	<u> </u>
15. WAS DECEMBED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 105 PORT A CLERK	
(Yes, no. or unknown) I (if yes, sive war or dates of	
(rea, no, or whitnown) (11 year, give war or dates of 219-15-0932 Gertrude Ruth Hughes Elhton, A	<u>rd.</u>
18. MEDICAL CERTIFICATION	BETWEEN
	ND DEATE
01111	000.
104 4 Immediate cause (a) Tulmonory Edoma	7.
Antecedent cause(s) Diseases or conditions, if any, (b) deulcome	-
giving rise to the above cause stating the underlying cause last (c)	lear
etating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Har
etating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	OPSYT
etating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTO	No 🗔
stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTO Yes 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, CITY OR TOWN) (COUNTY) (STANDICTOR HOMICIDE INJURY OF TIME (Month) (Day) (Year) (How) INJURY OCCURRED HOW DID INJURY OCCUR?	No 🗔
etating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 20. AUTO Yes 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	No 🗔
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stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATIME (Month) (Day) (Year) (Howr) INJURY TIME (Month) (Day) (Year) (Howr) INJURY OCCURRED (While at Not While INJURY OCCUR? OF INJURY More At work 19 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	No (2)
stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 20. AUTO Year 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF ONLY INJURY INJURY OCCURRED HOW DID INJURY OCCUR? OF ONLY INJURY INJURY OCCURRED OF ONLY OCCURRED OF ONLY OCCURRED OCCURRE	No DATE)
Stating the underlying cause last (c)	No (2)
Stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 20. AUTO Yea 20.	No GATE) eccased re. signed (State) Jud
Stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUT. 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY (STATURIE) (CITY OR TOWN) (COUNTY) (STATURIE) (Month) (Day) (Year) (Hour) (NJURY OCCURRED NOT While at Not While	No GATE) eccased re. signed (State) Jud

VS. A15



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10725

10724 CERTIFICATE OF DEATH

Reg. Dist. No.,

Ttom 1, 1711, 5189 11-22-55 6t	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-
COUNTY Cocil County MARYLAND	STATE Nd. Cocil COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
V OR give nearest town) (In this place)	TOWN Middletown Del. (Rural)
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR	ADDRESS
STREET ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Edward Wm. Jester	DEATH 11/11/55 19
F PINY LE COLOR OF PACE 17 SINGLE MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
MIDOWED, DIVORCED, (Specify) terried	7/3/1884 77 yrs. Months. Days Hours Min.
10m. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country) (12. Citizen of What
done during most of working life, even if retired) INDUSTRY	a.d.
13. FATHER'S NAME	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ASTON T. JOSTON 15. WAS DECRASED EVER IN U.S. ARKED FORCES? 16. SOCIAL SECURITY NO.	l jay Ann Jester
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give war or dates of service)	Louise II. Jestor Liddletown, Dol.
,' 18. MEDIÇAL CE	RTIFICATION INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1111 Carrena	of prestate It of
Immediate cause (a)	of prostrate townthe
Antecedent cause(s)	
Diseases or conditions, if any, (b)	PROFESTION OF THE PROFESTION O
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
Conditions contributing to the death but not	20. AUTOPSY?
Conditions contributing to the death but not related to the disease or condition causing death.	
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes C No E
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Conditions contributing to the death but not related to the disease or condition causing death. 192. DATE OF OPERATION 193. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 11. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Yes C No E
Conditions contributing to the death but not related to the disease or condition causing death. 192. DATE OF OPERATION 193. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
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Conditious contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.55, to 11/11/., 19.55, that I last saw the deceased
Conditious contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on 11/11/05, 19, and that death occurred at the street of the deceased of the deceased are not street.	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 1955, that I last saw the deceased 15 Pam, from the causes and on the date stated above.
Conditious contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.55, to 11/11/., 19.55, that I last saw the deceased
Conditious contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on 11/11/05, 19, and that death occurred at the street of the deceased of the deceased are not street.	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 1955, that I last saw the deceased 15 Pam, from the causes and on the date stated above.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 11. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on 11/11/05, 19, and that death occurred at SIGNATURE	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 1955, to 11/11/, 1955, that I last saw the deceased 15 Pam, from the causes and on the date stated above. ADDRESS DATE SIGNED MURRICLEM Delaware
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 11. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Atwork alive on 11/11/05, 19, and that death occurred at SIGNATURE (Degree or title)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.55, that I last saw the deceased a 15. P. am., from the causes and on the date stated above. ADDRESS DATE SIGNED MARKELETTE Delaysage RY OR CREMATORY LOCATION (City, town, or county) (State)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 11. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on 11/11/05, 19 and that death occurred at SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL (Epecify) 11/14/55 St. Applic C	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) No DE COUNTY) (STATE) No DE COUNTY) (STATE) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? (STATE) No DE COUNTY) (STATE) No DE COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 11. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Atwork alive on 11/11/05, 19, and that death occurred at SIGNATURE (Degree or title)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.55, that I last saw the deceased a 15. P. am., from the causes and on the date stated above. ADDRESS DATE SIGNED MARKELETTE Delaysage RY OR CREMATORY LOCATION (City, town, or county) (State)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 11. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on 11/11/05, 19 and that death occurred at SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL (Epecify) 11/14/55 St. Applic C	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 1955, that I last saw the deceased above. ADDRESS DATE SIGNED WILLELETT SIGNED RY OR CREMATORY LOCATION (City, town, or county) (State) emetery hiddleton Del.

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in by the funeral

INSTRU

ATTENDING PAYSICIAL OF INSTITAL: The Landing that the death certiff to be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

certificate has been executed by the attending physician and completely filled death certificate assembly should lie detached for use as a burial transit parmit. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1072 CERTIFICATE OF DEATH

10726

Reg. Dist. No.....

1. PLACE OF DEATH			2. USUAL RESIDEN	CE (HOME) OF DECEA	SED
county Gecil	MARYL	AND	STATE Maryla	and COUNTY	Cecil
CITY (If outside corporate limits, write RURAL	I LENGTH O			rate limits, write RURAL and give	neerest fown)
X OR and give nearest town) Perryville, Rui	(in this p			yville, Rure	
HOSPITAL OR			STREET	(If rural give location	\n) /
INSTITUTION OR	_		ADDRESS	ion Farm	""
STREET ADDRESS Coudor					
3. NAME OF (First) DECEASED	(Middle)		(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Lola	Mae	Johns	son	DEATH 11	19 , 55
S. SEX 6. COLOR OR 7. SINGLE		B. DATE O	F BIRTH	9. AGE lest birthdey IF UN	DER 1 YEAR IF UNDER 24 HR
	VED, DIVORCED,	Oct.	7,1907	48 yrs. Month	s Deys Hours Min.
IQa. USUAL OCCUPATION (Giva kind of work	Ob. KIND OF BUSINES	5	11. BIRTHPLACE (Stela or forei	gn country)	12. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY		North Carol	ina	USSATRY?
refreed House Wife			14. MOTHER'S MAIDEN I		
). PAIGES NAME				Coe	
Samuel Pres	nell		Mattie	000	
S. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SEC	URITY NO.	17. INFORMANT & A	DDRESS	
(Yes, no, or unk.) (If Yes, give war or dates of service)			Harry E.J	ohnson, Jr. Pe	rryville, Mu
	16. MEI	DICAL CER	TIFICATION		I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH		N 40 0	a t	ONSET AND DEATH
IMMEDIATE CAUSE (A)	ion	cer	Of the C	erviy	1/2 1/2
ANTECEDENT CAUSE(S) DUE TO			//		
DISEASES OR CONDITIONS, IF ANY, (B)			· ·		
GIVING RISE TO THE ABOVE CAUSE DUE TO					
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH. 9a. DATE OF OPERATION # 19b. MAJOR FIT	DINGS OF OPERATION			- 1\ 1\	20. AUTOPSY?
10/28/3 51 Pac		net	in Sect	5) Francis Pue	YES NO W
	E (Home, farm, factor) straet, office bldg., etc.		TIC. WHERE DID INJURY OCCUR	(? (City or low)	ounty) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (House			21F. HOW DID INJURY OCCUP	??	
м.		work		1	
22. I hereby certify that I attended the	deceased from	14126	19	المرارية الم	t I last saw the decease
alive on 11/19 19.55					
SIGNATURE /	1 1		(ADDI	ESS (Street, city_town, stets)	DATE SIGNE
OVU-OVALEH	a lowah	MAD	Nonne	will hil	11/16/15
23. BURIAL CREMATION, DATE THEREOF	NAME OF	CEMETERY OR	CREMATORY	LOCATION (City, town, or con	inty) (Stela)
Burial 11-22-1	OSS Date	oinio	/	Principio F	rnace Md.
4. REC'D BY REGISTRAR REGISTRAR'S SIG		. 11110	25 TUNERAL DIRECTOR'S		ADDRESS
1 -15-1954	2 L.	- Just	1/ m. s. P. H.	and San P	1611-10- MA
ATE / - / - / - / - / - / - / - / - / - /		1	NI DEVILLE (ITTELLA)	alrowed was 1.01	warmen 100

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INJURY

BINDIN

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 DEATH No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give X TOWN TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) . 4. DATE (Month) (Day) (Year) DECEASED: DEATH (Type or Print) 5. SEX: 9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRB. 8. DATE OF Months Days (Give kind of 10a. USUAL OCCUPATION (State or foreign country): | O INDUSTRY work wone during most of work life, even the tight much 13. FATHER'S NAME: WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH (a).. Immediate cause DHE TO Antecedent cause(s) (b)... Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION: | 19b, MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes 🔲 No 🛭 21s. EXTERNAL CAUSE WAS 21c. (City or town) (County) (State) 21b. PLACE (Home, farm, factory, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. street, office bldg., etc., 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCURT

21d. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [.]. Inquiry ... and

find that death resulted from: Natural causes 7. Accident . Suicide . Homicide . Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

at work

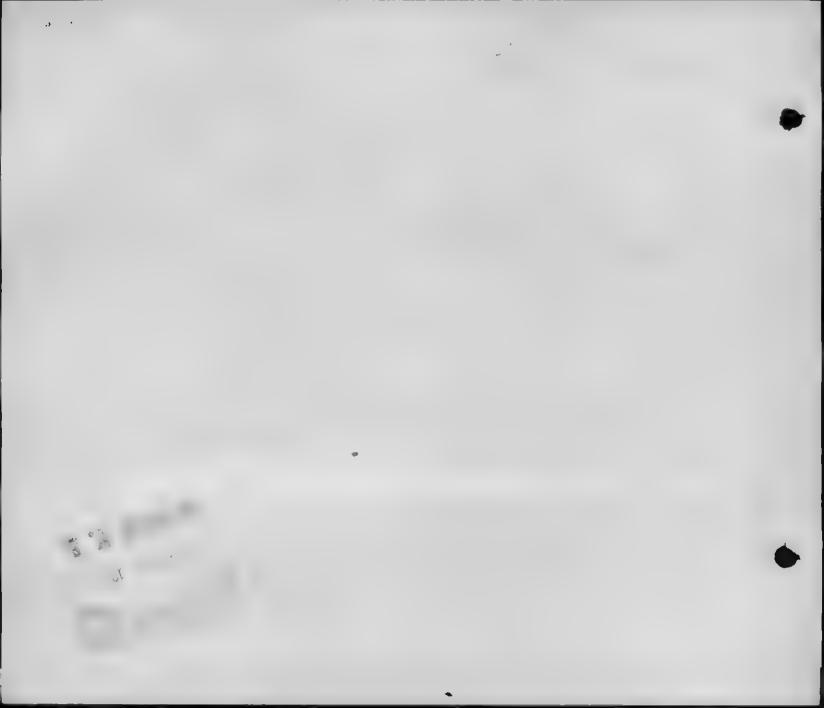
/X	Clo	00	NO	n			
23. BURIAL,	CREMATION,	DATE	THEREOF	NAME	OF C	CEMETERY	•

LOCATION. (City, town, or county)

(State)

ADDRESS

REGISTRAR'S SIGNATURE



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1072

LOSAROLLINA	EIGIZEE GE		reg. Dist. 140	
1. PLACE OF DEATH:	2. USU/	L RESIDENCE (HOME)	OF DECEASED:	
COUNTY Cecil MARY	LAND STAT	Maryland coul	NTV mt/i	
CITY (If outside corporate limits, write RURAL LENG OR and give nearest town)		If outside corporate limits, v		ive nearest town)
HOSPITAL OR	STRE	ET (If rural	give location)	
Tostreet Address Veterans Administrat	ion Hospital	Box 807		V
J. NAME OF (First) (Middle) DECEASED:	(Last)	4. DATE (Month) (Day)	(Year)
(Type or Print) CONSOR (NMI)	KIFER	DEATH:	November 1	7 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify): Married	b. 8. DATE OF BIRTI	9. AGE last birthd	Months Days	Hours Min.
usual occupation (Give kind of 10B. KIND OF work done during most of working life. OR INDUS even if retired): Battery Worker Automo	TRY:	Jersey	ountry): 12. CITI	ZEN OF WHAT
13. FATHER'S NAME:	14. MOT	HER'S MAIDEN NAME:		
John Vernon Kifer		ia Chaney		
IS WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL S.		RMANT & ADDRESS:		
(Yes, no, or unless (If Yes, give war of dates Unkn.	own Hospita	l Records, VAH,	Perry Poin	t, Md.
	CERTIFICATION		INT	ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH		ON	SET AND DEATH
58/ Br	onchopneumonia.	bilateral, unre	solved 3	to 5 days
DUE TO	<u> </u>	,	7	oo) dayb
ANTECEDENT CAUSE (8'	rrhosis of the 1	ivon		unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	THOSE OF MIC	7401		unknown
702.7 (c)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Tuberculosis, b	lateral, pulmona	ry.inactive	unknown
DISEASE OR CONDITION CAUSING DEATH. Fra	cture left femur	. intertrochante	eric	5 days
194. DATE OF OPERATION: 198. MAJOR FINDINGS C	F OPERATION		2	O. AUTOPSY?
			Y	EB RO
ZIA. ACCIDENT WAS UNDERLYING 218. PLACE (HOR CONTRIBUTING CAUSE OF DEATH OF INJURY STRUCK (IF EITHER, NOTIFY MEDICAL EXAMINER)	ome, farm, factory, 21c. eet, office bldg., etc. INJU pltal	WHERE DID (City or town RY OCCUR? Perry Po:	n) (County) int Cecil	(State)
210. TIME (Month) (Day) (Year) (Hour) 21E INJUR	Y OCCURRED 21F. H	ent fell out of l		re ?)
22. I hereby certify that X attended the deceased	from 3-14, 19 L	4 to 11-17, 19 5	DECEMBER	CONTROPROPRIES
MERCONOCCOCOCOCOCOCC and that death SIGNATURE	occurred at 4:05 PM	, from the causes and c	on the date state	ed above.
W. OPPLER, Director Professional S		Perry Point, Mo		18-55
23. BURIAL, CREMATION, DATE THEREOF NAME REMOVAL (SPECIFY) 11-18-55	Unknown		(City, town, or cour	
		NERAL DIRECTOR		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Penni	oten & Son Hav	re de Grace	Md.

After this

TO FULL BIRECTOR: The law requires that the death certificate be file with the registrar within 7.2 hours after death, of certificate he been executed by the attending physician and mompletely filled in by the funeral director, the third copy death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10729

Reg. Dist. No...../....

1.2. URUAL RESIDENCE (HOME) OF DECEASED

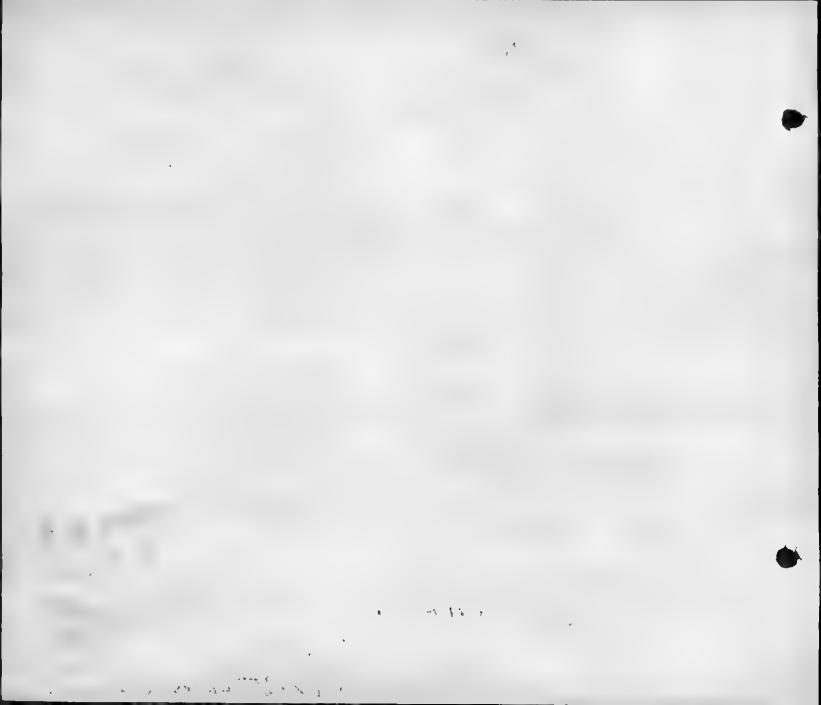
(20,0)	STATE DOLLAR DEVELOUNTY / WINTERSTEE
COUNTY CITY (I) outside oppose limits; write RURAL LENGTH OF STAY	CITY (II) outside comporate limits, write RURAL and give nearest town)
CITY (Il outside opporate limits; write RURAL (in this place)	TOWN ERELOTA (D) - 4LX-5
HOSPITAL OR STREET ADDRESS TOWN OF THE STREET AD	STREET (If rurel give location) ADDRESS 200 100 100
3. NAME OF pecessed (Middle) (Middle) (Type or Print)	VILLED S. DATE (Month) (Day) (Year) OF DEATH MAY 330 155
5. EX 6 COLOR OR 7. SINGLE, MARRIED B. DATI	E OF SIRTH 9. AGE lest birthday IF UNDER 1 YEAR Hours Min. 1 22 1894 Vyrs. Months Days
Ob. USUAL/OCCUPATION (Give kind of work do to the during short of working hie, even il the control of the contr	11. BIRTHPLACE (State or leagn country)
13. FATHER'S NAME Queling.	Henre / Lline
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of unk.) (II Yes, give war or dates of drivice)	BETWEEN / WIE Tracological for
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO CEO ADV.	Lecentermatos - 3 mus.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Musical
(C) I I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, larm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c, WHERE DID INJURY OCCUR? (City or lown) (County) (Stete)
21d, TIME OF INJURY (Month) (Dey) (Year) [Hour) 21a, INJURY OCCURRED While Not while at work gawork	216. HOW DID INJURY OCCUR?
22. I hereby, cartify that I attended the deceased from all and that death occurred	1955, to the causes and on the date stated above.
alive op	ADDIESS (Street/city, toon, state) DATE SIGNED
BURIAL (SPECIFY) BURIAL (SPECIFY) MAY 26/55 Pulpen M	Unst Mermill Electon Mil
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 11/2-5/-5 DATE REGISTRAR'S SIGNATURE THE PROPERTY OF THE PRO	25 EUNERAL DIRECTOR'S SIGNATURE ADDRESS

Supply every item of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARYLAND STATE	DEPARTMENT OF HEALTH—I	BALTIMORE, 18 1 1 4 0
10728 CER	TIFICATE OF DEATH	Reg. Dist. No. 97
EATH:	2. USUAL RESIDENCE	(HOME) OF DECEASED.

and legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED).			
- Se	county Cecil Maryland	state Md. county Ceci				
Je	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL s	nd give nearest town)			
nd	OR and give nearest town) (in this place)	OR .	, a mile menters con in			
	2 7100	a minimiza	<u> </u>			
rly	HOSPITAL OR	STREET (If rural give location)	Center,			
ea	5/STREET ADDRESS J. C. Navil Ho mital	Qtrs 1.4, 7.8. 1127	I Training			
death clearly	3. NAME OF (First) (Middle)		(Yesr)			
ath	DECEASED: (Type or Print) DAUL STIPPT LETC	OF OF	(/			
dea			29 19 55			
of	RACE: WIDOWED, DIVORCED.	Months D	Syn Hours Min,			
	.'ale hite Specify). Single 8-18	2 yrs.				
causes	10A USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11 BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT			
CBI	even if retired):	Painbridge, Maryland	USA			
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	004			
	Paul Joseph Letourneau	Irene Marie Jane Poulin				
write		17. INFORMANT & ADDRESS:				
W	15. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates					
9	of service)	Navy Records				
:~please	18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN			
4	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH			
4.	057.0 Acute pulmo	name Edema	35			
n.s	IMMEDIATE CAUSE	mary Edenia	15 min.			
Physicians	ANTECEDENT CAUSE (8)	1 26 1 110 1 10				
ysi	DISEASES OR CONDITIONS, IF ANY. (B) MENINGOCOCC	i Meningitis & Meningococcemia	24 hrs.			
H.	STATING UNDERLYING CAUSE LAST. DUE TO					
	(C)					
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
irt	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
)di	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION					
in	THE THE PARTY OF T		20. AUTOPSYT			
74			YES NO			
especially	21A ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, factory CR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg, etc INJURY OCCUR? (County) (State)					
Sp	21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	OF INJURY While Not while at work					
.: S:		0				
96	22. I hereby certify that I attended the deceased from 11-2	7, 1955, to 11-29., 19 55 that I last	saw the deceased			
ø	alive on 11-29 . 19. 7, and that death occurred at 4: 15A M, from the causes and on the date stated above.					
ect	SIGNATURE Jungs Johnson LT MOUTHR		E SIGNED			
correct	THE TALL OF THE LATE OF THE M.	P.UCIH. Bainbridge, Md. 11-	29-55			
22	DEMOVAL (SPECIFY)					
	Turial 11-30-55 West Nottin	irham, Semetery Colora, Marylar	nd			
	DATE REC'D BY LOCAL REGISTRAR'S SEGNATURE 7	24. FUNERAL DIRECTOR	ADDRESS			
	REGISTRAR 11-29-55 Casathy 19 Bankl	V and atternal Notes Const	Phinad			
	- TOV. WILL CHAMINOR	wer at an and with the	cu, Hue			



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Physicians:

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correct

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	every it	uses of
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	INK.	se writ
	DING	: plea
	UNF	rsicians
	WITH	nt. Phy
	AINLY,	correct age is especially important. Physicians: please write the causes of death clearly and
	TE PL	ecially
	R WR	is esp
	E OI	age
	TYP	rrect
	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information	00

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18 10720
10716 CHEMITAGAME OF THAMIT	Dist. No. 92
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DEC	CEASED:
COUNTY CET MARYLAND CITY (If outside corporate limits, write RURAL or and give nearest town) Prown CITY (If outside corporate limits, write RURAL (in this place) Prown CITY (If outside corporate limits, write RURAL or tin this place) OR TOWN Che Sapeak STREET ADDRESS STREET ADDRESS We rurai give keep to the country of the co	URAL and give nearest town)
3. NAME OF (First) (Middle) (Last) , 4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) ETSE/ Ve/ma LLQ Vd DEATH: //	3 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8 DATE OF BIRTH: 9. AGE last birthday IP U MOUNT OF Specify Marvied Sept. 15 1898 57 yrs. 10A. USUAL OCCUPATION (Give kind of, 108 KIND OF BUSINES) 11, BIRTHPLACE (State or foreign country)	nths Days Hours Min.
work done during most of working life, even if retired : Louse work Louse work Louse work Louse work	COUNTRY
13 FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	1 41.
Jewis Darrett Elmira Ewell	
IS. WAR DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	1
(Yes, no, or unk.) (If Yes, give war or dates of service)	d
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
17) XIMMEDIATE CAUSE (A) Wastastalie Carciuma & Chest	Commonthe
ANTECEDENT CAUSE (8)	- 1.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	- years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	(County) (State)
OF INJURY OF INJURY M OF INJURY OF INJURY OF INJURY OF INJURY OCCURRED While Not while at work M OF INJURY OCCURRED While Not while at work	
22. I hereby certify that I attended the deceased from Jem , 1953, to Nov & , 1957 that	I last saw the deceased
alive on 101.3, 19 Wand that death occurred at 10 50/M, from the causes and on the SIGNATURE	
The Morio M.D. Chesepertelle	14/3/51
23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (CAY, to REMOVAL, (SPECIFY) 11/6/55 Bethe/Cemetery Schesope	V 1.1 111
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR J. J. FUNERAL DIRECTOR HINTER du 1 3000 hr	EORES md



(Day)

(Year)

Hours |

INTERVAL BETWEEN

ONSET AND DEATH

4 Weeks

Unk.

Unk.

Havre Degrace

20. AUTOPSY1

(State)

COUNTRY?

MARGIN

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OF INJURY

REGISTRAR

21D. TIME (Month) (Day) (Year) (Hour)

5. SEX:

200 AM, from the causes and on the date stated above. SIGNATURE E. S. Tello, M.D. DATE SIGNED Acting, Director, Professional Services, VAH., Perry Point, Md. 11-19-55 E.S. ELLS, M.D. A. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) Wilmington, Delaware Cathedral Cemetery Removal DATE REC'D BY LOCAL **ADDRESS**

22. I hereby certify that Kattended the deceased from Oct. . 7, 1932, to Nov. 19, 1955, INCLUDIO NOV. 1955, IN

at work

at work

21F. HOW DID INJURY OCCUR?



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10730 CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEA					
	TH.		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Cecil	MARYLAND	STATE Marvl	and o	Cecil
CITY (1f outside	corporate limits, write RU.	RAL and LENGTH OF STAY		ate limits, write RURAL	and give nearest town)
X OR give near	North East	Lifetime	Town North	East	X
HOSPITAL OR	1101 011 11-00	Thire kine	STREET	(If rural give loca	tion)
INSTITUTION	OR		ADDRESS		
STREET ADDR			<u> </u>		
8. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Mon	
(Type or Print)	George	SM	cKinney	DEATH NOV.	7 195519
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under I year II under 24 hr
Male	White	WIDOWED, DIVORCED, (Specify) Tried	May 20,1915	40 yrs.	Months Days Hours Mln.
10a IISHAL OCCI	PATION (Give kind of worl	el 10h. Kinn or Business or	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most o	f working life, even if retired	INDUSTRY	Marylan	A	COUNTRY
13. FATHER'S NA	e carpenter	Tenn.R.R.	14. MOTHER'S MAIDEN	Y NYA REE!	1 ODA
		~ 4			
	y Elisha McK			May Murphy	
15. WAS DECEASED	Even In U.S. Armed Force a) (If yes, give war or date		17. INFORMANT		
(I day no, or unknow.	service) NO	218-03-0355	I Mrs. Georg	e S. McKinne	У
		18. MEDICAL CE	RTIFICATION		
1	CONDITIONS DIRECTLY	THE PARTY NO. P. D. L. S. L.			INTERVAL BETWEEN
4	CONDITIONS DIRECTLY	LEADING TO DEATH	^		ONSET AND DEATH
4221		THU MEN ON.	Lalouin		inne
Immed	iate cause (a)		- Went		[
Antecoi	lent cause(s)	0			. 0
	or conditions, if any, (b)	Coloran o	comecon.	< 646	loay-
giving rie	to the above cause	Colorals of	colución.		loay-
giving rie		Must solis	celuscou.		3 wrais
giving rie stating th	e to the above cause e underlying cause last (c)	Impocasitio	-		3 years
giving rie stating th	to the above cause	Myrocapetio	-		3 years
giving risestating the stating the stating the conditions controlled to the discount related to the di	e to the above cause e underlying cause last (c) FICANT CONDITIONS ibuting to the death but not sease or condition causing de	hupocalitio	colución—		3yrais
giving risestating the stating the conditions controlled to the discount related to the discount relat	e to the above cause e underlying cause last (c) FICANT CONDITIONS ibuting to the death but not sease or condition causing de	Myrocapetio	course.		3 years
giving risestating the stating the conditions controlled to the discount related to the discount relat	e to the above cause e underlying cause last (c) FICANT CONDITIONS ibuting to the death but not sease or condition causing de	hupocalitio	coluriou		20. AUTOPSY?
giving rise stating the stating the stating the stating the conditions control conditions control related to the difference of the stating of the stating rise stating rise stating the stating rise sta	e to the above cause e underlying cause last (c) FICANT CONDITIONS fouting to the death hut not sease or condition causing de PERATION 19b. MAJOR (Specify) PL	ath. FINDINGS OF OPERATION ACE (Home, farm, factory, street,	COLUXION .		
giving ries atating the stating the conditions control related to the di 19a. DATE OF OI 21. ACCIDENT SUICIDE	e to the above cause e underlying cause last (c) FICANT CONDITIONS fibuting to the death but not seems or condition causing de PERATION 19b. MAJOR (Specify) PL OF	eth. FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.)	Stepach*		Yes 🗆 No 💆
giving ries atating the stating the stating the conditions controlled to the displayed by the conditions controlled to the displayed by the conditions controlled to the displayed by the conditions of the condit	e to the above cause e underlying cause last (c) FICANT CONDITIONS fluting to the death but not sease or condition causing de PERATION 19b. MAJOR (Specify) PL OF IN:	eth. FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) JURY	(CITY OR	TOWN) (CO	Yes 🗆 No
giving ries stating the stating the stating the Conditions controlled to the distribution of the Conditions controlled to the distribution of the Condition of	e to the above cause e underlying cause last (c) FICANT CONDITIONS fluting to the death but not sease or condition causing de PERATION 19b. MAJOR (Specify) PL OF IN:	ath. FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) IURY INJURY OCCURRED While at Not While	Stepach*	TOWN) (CO	Yes 🗆 No 🖢
giving ries atating the stating the statin	e to the above cause e underlying cause last (c) FICANT CONDITIONS fluting to the death but not sease or condition causing de PERATION 19b. MAJOR (Specify) PL OF IN:	ACE (Home, farm, factory, street, office bidg., etc.) INJURY OCCURRED While at Not While	(CITY OR	TOWN) (CO	Yes 🗆 No 🖟
giving ries atating the stating the conditions controlled to the dispersion of the conditions controlled to the dispersion of the conditions controlled to the dispersion of the condition of the	e to the above cause e underlying cause last (c) FICANT CONDITIONS ibuting to the death but not sease or condition causing de PERATION 19b. MAJOR (Specify) PL OF IN. h) (Day) (Year) (Hour)	ACE (Home, farm, factory, street, office bidg., etc.) IURY INJURY OCCURRED While at Not While Work At work	(CITY OR HOW DID INJURY OF	TOWN) (CC	Yes No POUNTY) (STATE)
giving ries stating the stating the stating the Conditions controlled to the distance of the Conditions controlled to the distance of the Conditions of the	e to the above cause e underlying cause last (c) FICANT CONDITIONS ibuting to the death but not sease or condition causing de PERATION 19b. MAJOR (Specify) PL OF IN. h) (Day) (Year) (Hour)	ath. FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) IURY INJURY OCCURRED While at Not While	(CITY OR HOW DID INJURY OF	TOWN) (CC	Yes No POUNTY) (STATE)
giving ries stating the stating the stating the conditions controlled to the distance of the conditions controlled to the distance of the conditions of the	e to the above cause e underlying cause last (c) FICANT CONDITIONS ibuting to the death but not sease or condition causing de PERATION 19b. MAJOR (Specify) PL OF INC. (Day) (Year) (Hour) Triffy that I attended t	ACE (Home, farm, factory, street, office bidg., etc.) INTY INJURY OCCURRED While at Not While Work At work he deceased from.	HOW DID INJURY OF	TOWN) (CO	Yes No POUNTY) (STATE)
giving ries stating the statin	e to the above cause e underlying cause last (c) FICANT CONDITIONS ibuting to the death but not sease or condition causing de PERATION 19b. MAJOR (Specify) PL OF IN. (Day) (Year) (Hour) m. Triffy that I attended t	ACE (Home, farm, factory, street, office bidg., etc.) IURY INJURY OCCURRED While at Not While Work At work he deceased from.	HOW DID INJURY OF	TOWN) (CO	Yes No POUNTY) (STATE) last saw the deceased late stated above.
giving ries stating the stating the stating the conditions controlled to the distance of the conditions controlled to the distance of the conditions of the	e to the above cause e underlying cause last (c) FICANT CONDITIONS ibuting to the death but not sease or condition causing de PERATION 19b. MAJOR (Specify) PL OF IN. (Day) (Year) (Hour) m. Triffy that I attended t	ACE (Home, farm, factory, street, office bidg., etc.) INTY INJURY OCCURRED While at Not While Work At work he deceased from.	HOW DID INJURY OF	TOWN) (CO	Yes No POUNTY) (STATE)
giving ries stating the statin	e to the above cause e underlying cause last (c) FICANT CONDITIONS ibuting to the death but not sease or condition causing de PERATION 19b. MAJOR (Specify) PL OF IN. (Day) (Year) (Hour) m. Triffy that I attended t	ACE (Home, farm, factory, street, office bidg., etc.) IURY INJURY OCCURRED While at Not While Work At work he deceased from.	HOW DID INJURY OF	TOWN) (CO	Yes No POUNTY) (STATE) last saw the deceased late stated above.
giving rie stating the stating	e to the above cause e underlying cause last (c) FICANT CONDITIONS fouting to the death hut not sease or condition causing de PERATION 19b. MAJOR (Specify) PL OF IN. (A) (Specify) PL OF IN. (A	ACE (Home, farm, factory, street, office bidg., etc.) JURY White at Not While Work At work he deceased from	HOW DID INJURY OF ADDRESS ALLE LE SAL	TOWN) (CO	last saw the deceased late stated above. DATE SIGNED
giving ries atating the stating the stating the conditions controlled to the displayed to the condition of t	e to the above cause e underlying cause last (c) FICANT CONDITIONS fouting to the death hut not sease or condition causing de PERATION 19b. MAJOR (Specify) PL OF IN. (Specify) PL OF IN. (A) (Day) (Year) (Hour) Triffy that I attended to the property of the property	ACE (Home, farm, factory, street, office bidg., etc.) IURY INJURY OCCURRED While at Not While Work At work he deceased from. Mary and that death occurred at, (Degree or title)	HOW DID INJURY OF ADDRESS AUGU LE FRE ACTION OF THE AUGUST ACTION OF THE AUGUST ACCORDANCE OF T	TOWN) (CO	last saw the deceased late stated above. DATE SIGNED And 11/8/55
giving rie stating the stating	e to the above cause e underlying cause last (c) FICANT CONDITIONS fouting to the death hut not sease or condition causing de PERATION 19b. MAJOR (Specify) PL OF IN. (A) (Specify) PL OF IN. (A	ath. FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bidg., etc.) JURY INJURY OCCURRED While at Not While Work At work And that death occurred at, (Degree or title) NAME OF CEMETE NOrth East	HOW DID INJURY OF ADDRESS AUGU LE ME RY OR CREMATORY Methodist Cen	town) (Co	last saw the deceased late stated above. DATE SIGNED And 1/8/50 or county) (State)
giving rise stating the stating the stating the stating the conditions controlled to the display of the controlled to the display of the controlled to the display of the controlled to the cont	e to the above cause e underlying cause last (c) FICANT CONDITIONS fouting to the death hut not sease or condition causing de PERATION 19b. MAJOR (Specify) PL OF IN. (A) (Specify) PL OF IN. (A	ACE (Home, farm, factory, street, office bidg., etc.) IURY INJURY OCCURRED While at Not While Work At work he deceased from. Mary and that death occurred at, (Degree or title)	HOW DID INJURY OF ADDRESS AUGU LE FRE ACTION OF THE AUGUST ACTION OF THE AUGUST ACCORDANCE OF T	TOWN) (CO	last saw the deceased late stated above. DATE SIGNED (State)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5 1

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after death.

hours

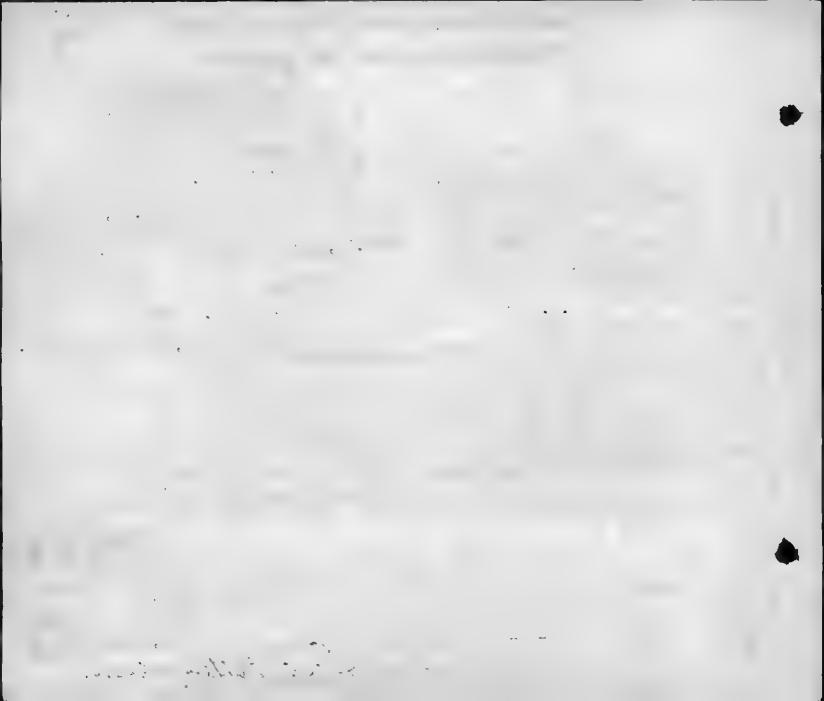
TO THE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10731CERTIFICATE OF DEATH

10734

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	of infor	5. SEX SCOLOR OR 7. SINCLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: JF UNDER 1 Y. WILDOWED DIVORCED. 1-4-18-4-19-4-19-4-19-4-19-4-19-4-19-4-1	ys Hours Min.
ING	Z 0	Condition maker. Paper maky beeillo ma.	COUNTRY?
BINDIN	ery	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: ROSE.	
FOR	7	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of a 13-05-61113 Calcul Miller Selkton.	noomd.
RESERVED	INK. Smppl. please write	18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: #20.1 Immediate cause (a)	INTERVAL BETWEEN ONSET AND DEATH
MARGIN RE	UNFADING Physicians:	Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)	
MAJ		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	wirh portant.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY! Yes □ No □
	LY, imp	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING Street, office bldg., etc., CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, of street, office bldg., etc., INJURY.)	(State)
4	LAIN cially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work at work	
	WRITE PLAI ge is especiall	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], find that death resulted from: Natural causes [] Accident [], Suicide [], Homicide [], Undeter SIGNATURE [] CHIEF MEDICAL EXAMINER [] DEPUTY MEDICAL EXAMINER []	Inquiry , and mined cause DATE SIGNED
- 533	mt	M. D. ASSISTANT MEDICAL EXAM.	unty) (State)
A - 5	PLEASE	REMOVAL (Specify): Nov.23, 1955 Union Methodist Cemetery Cecil Coundate Record By Local Registrar & Signature 1250 Funeral Director	
A15.	PLI	REG. now 21 Frazer Talph & Nicke Bow & Stockt	on Sts.
VS VS		Elkton, Ma	ryland



Supply every item of information carefully. The

UNFADING INK.

OR WRITE PLAINLY, WITH

TYPE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10735

10733 CERTIFICATE OF DEATH

·	Reg. Dist. No. /o ,
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Cecil MARYLAND	STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL; LENGTH OF STAY	CITYII outside corporate iimits, write RURAL and give nearest town)
TOWN Perry Point (in this place) 6yrs.9mo.5da	0.0
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS/eterans Administration Hospit	ADDRESS 615 - 3rd Street, N.W.
DEGE CES	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) ANION N. II	EUNEYER DEATH: November 6 19 55
5. SEX. 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	27 July 21 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
Male White (Specify):Single 7-3	3-90 65 yrs. Months Days Hours Min.
NOA USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired): Painter-Ret. Self-employed	Washington, D.C. USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Fred A. Neumeyer	Helen K. Ehlers
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unks) (If Yes, sive war or dates Yes of service) WW I unknown	Hospital Records, VAH, Perry Point, Md.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH MMEDIATE CAUSE (A) Pneumonia,	bronchial, bilateral, unresolved 3 - 4
ANTECEDENT CAUSE (8)	days
DISEASES OR CONDITIONS, IF ANY, (B) Carcinoma	tongue squamous, cell type unknown
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. AFTER 10	osclerosis generalized severe unknown
198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY? YES NO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (State)
21p. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
OF INJURY While M. While at work at work	
22. I hereby certify that I attended the deceased from 2-1	1949 to 11-6 , 1955, CHARTER CONTROL OF CONT
SIGNATURE 4 4 1000 and that death occurred at	3:40 PM, from the causes and on the date stated above.
W. OPPLER, Director, Professional Services	N.D. VAH, Perry Point, Md. 11-8-55
23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (State)
removar	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24) FUNERAL DIRECTOR ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10724 OPPURICATE OF DEATH

10736

		TOTAL CERTIFICATI	d OF DEELLI Reg. Dist	. No
	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
121	carefull legibly.	COUNTY CECIL MARYLAND	STATE MARYLAND COUNTY DORCH	HESTER
	∫eg ja	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY If outside corporate limits, write RURAL	
		OR and give nearest town) (in this place)	TOWN CAMBRIDGE	07,300
	an tric	TOWN PERRY POINT	STREET (If rural give location)	
	forma	HOSPITAL OR	ADDRESS	
	or	STREET ADDRESS VA HOSPITAL	112 PINE STREET	
	item of information of death clearly and	D. 1171112 01		Day) (Year)
	of Eth	DECEASED: (Type or Print) WILLIAM H. PA	ARKER DEATH: NOV.	18 19 55
	m of i	5. SEX: 16. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER L	
	it %	MALE NEGRO (Specify): WIDOWED 9-21-		Days Hours Min.
- 1		MALE NEGRO (Specify): WIDOWED 9-21-	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
rh.	every	work done during most of working life, OR INDUSTRY:		COUNTRY?
3/	2 5	even if retired): SALESMAN	SUSSEX COUNTY, VIRGINIA	U.S.A.
===	Supply te the c	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME:	
Z	Suj te 1	DAVID PARKER	GABRIELLA NEVERSON	
Pi		IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
FOR BINDING		(Yes, your or dates of service) UNKNOWN	VA Hospital Records, Perry Po	int. Md.
		18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
RESERVED	ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
>	ĪQ	540.1		2-3 Days
6	A B	IMMEDIATE CAUSE (A) Bronchopheu	monia, Bilateral, Unresolved	~) 200
	UNF	ANTECEDENT CAUSE (8)	1 10 000	2 -3 Weeks
	De la	DISEASES OR CONDITIONS, IF ANY. (B) Peritonitis,	localized and diffuse	2 -) 1100110
Z	H. H.	GIVING RISE TO THE ABOVE CAUSE DUE TO		2 -3 Weeks
MARGIN	—	stating UnderLying Cause Last. (c) Ruptured gas	tric ulcer	2 =) Heekb
₹	MLY, W	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
24	LY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	Mimi	194 DATE OF OPERATION: 1 198, MAJOR FINDINGS OF OPERATIO	N _	20. AUTOPSY?
	A ii	11-7-55 Exploratory laparotomy and	d closure of perforated gastric ulcer.	YES NO
		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac		ity) (State)
	Cia E	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	
	WRITE PI especially	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?	
	-	OF INJURY While Not while		
•	20	77.4		
	O.R.	22. I hereby certify that A attended the deceased from Nov.		
70 63	22 日	xdxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	4:50P.M, from the causes and on the date	stated above.
1	TYPE	atom minds and a second second	ADDRESS	TE SIGNED
- 10		Acting Director, Profession	mal Services, VAH., Perry Point,	m. TT-TA-33
	W2	23. BURIAL, CREMATION, DATE THEREOF , NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, o	r county) (State)
4.15	LEA	REMOVAL (SPECIFY) 11/23/1933 Bethel Cen	mietery CAMBRIDGE. MARY	LAND
	II.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1774. FUNERAL DIRECTOR	ADDRESS

S A TOWNS

10735

CERTIFICATE OF DEATH

10. USUAL OCCUPATION (Give lained of work goester) 10. WAS DICCRASED FOR IN U.S. ARMED FORCES? 16. SOCIAL SCURITY NO. 17. THYORMANI & ADDRESS 18. SOCIAL SCURITY NO. 18. SOCIAL SCURITY		1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEMBED	
CITY (II outlied corporate limits, write RUPAL OR of and give meased fown) OR and give meased for or give hereined for give because for give bec		COUNTY (2010)	STATE Mal COUNTY Pea	10
DR and give nearest form) HOSPITAL OR NOTIFICIAL OR NOTIFICATION OR STREET ADDRESS STREET AD				Nown)
HOSPITAL OR OR STREET ADDRESS		OR and give nearest town) # / / A (in, this place)	OR 1 / // O L	
HISTORITION OR STREET ADDRESS NAME OF STREET ADDRESS DEATH DESTRUCTION (Inc.) DEATH DESTRUCTION (Inc.) DEATH DESTRUCTION (Inc.) S. SEK G. COLOR OR 7. SHIGE MARKED MIDOWED, DIVORCED, (Specify) (Inc.) S. SEK G. COLOR OR 7. SHIGE MARKED MIDOWED, DIVORCED, (Specify) (Inc.) JOBAN DESTRUCTION DIRECTLY LEADING TO DEATH JOBANS OR CONDITIONS DIRECTLY LEADING TO DEATH JOBANS OR CONDITIONS, IF ANY, (B) JOHN DESTRUCTION (INC.) JOBAN DESTRUCTION (INC.) JOB		North Past. Buena.	NOUTH COST	· X
STREET ADDRESS 3. NAME OF DECEASED (First) DECEA				P
DECEASED (Type of Plant) (Type of Plan			ADDRESS	
DECEASED (Type of Plant) (Type of Plan		3. NAME OF (First) (Maddle)	ad) A DATE (Month)	Day) (Yaari
5. SEX 6. COLOR OR RACE 7. SINGE, MARRIED, WIDOWID, DIVORCED, SO DATE OF BIRTH 9. AGE last birrhday 15. USUAL OCCUPATION (Give kind of work doubled in which piles, aven at the feelings) 10. USUAL OCCUPATION (Give kind of work doubled in which piles, aven at the feelings) 11. BRTHPLACE (State of foreign country) 12. CUITZEN OF WHAT COUNTRY? 13. WAS DECASTO FYRE IN U.S. ARMOD FORCES? 14. MOTHER'S MADEN NAME 15. WAS DECASTO FYRE IN U.S. ARMOD FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 17. INFORMANT & ADDRESS 18. WAS DECASTO FYRE IN U.S. ARMOD FORCES? 19. WAS DECASTO FYRE IN U.S. ARMOD FORCES? 10. SAME OF CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION 19. IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISSASS OR CONDITIONS, IF ANY, B) CONDITIONS CONTRIBUTING 10. THE DEATH BUT NOT RELATED TO THE DISSASS OR CONDITIONS CONTRIBUTING 10. THE DEATH BUT NOT RELATED TO THE DISSASS OR CONDITION AUSING PEATH 19. DATE OF PERATION 19. DATE OF OFERATION 19. DATE OF OFERATION 20. AUTOPSYS. 21. ACCIONATE WAS UNDERLYING CI 19. DATE OF OFERATION 21. ACCIONATE WAS UNDERLYING CI 22. I hereby certify that I attended the deceased from Manual Control of Man		DECEASED / / /) OF //	25-1000
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100. USUAL OCCUPATION Give bind of work 100. RIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 172. CITIZEN OF WHAT done during most of working life, aven d 100. RINDUSTRY 14. MGTHER'S MAIDEN NAME 14. MGTHER'S MAIDEN NAME 15. WAS DECEASED FOR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY MO. 17. TINFORMANT & ADDRESS 17. TINFORMANT & ADDRESS 18. SOCIAL SECURITY MO. 18. MEDICAL CERTIFICATION			RTH 9. AGE lest birthday IF UNDER 1	
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done during most of working life, aven if refired continued and the continued continued continued and the continued		and the control		CITIZENI OF WHAT
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(Yes, no., or unk.) [8] Yes, give wer or defes of service) 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 15. MEDICAL CERTIFICATION 16. MEDICAL CERTIFICATION 17. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. MADIOR TO DEATH 19. MEDICAL CERTIFICATION 19. MADIOR FINDINGS, IF ANY, [8] 19. DISEASES OR CONDITIONS, IF ANY, [8] 19. DISEASES OR CONDITIONS CONTRIBUTING TO THE FORMAL CAUSE LAST OF THE ABOVE CAUSE DATE OF THE ABOVE CAUSE OF THE ABOVE CAUSE OF THE ABOVE CAUSE OF THE ABOVE CAUSE DATE OF THE ABOVE CAUSE DATE OF THE ABOVE CAUSE OF THE ABOVE C		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 75 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) ONSET AND CARD CARD CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) STATING UNDERLYING CAUSE LAST, (B) 190. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION 190. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION 211. ACCIDENT WAS UNDERLYING 100 (State) 212. I ACCIDENT WAS UNDERLYING 100 (State) 213. ACCIDENT WAS UNDERLYING 100 (State) 214. TIME OF INJURY (Month) (Doy) (Your) (Hour) 210. NURY OCCURRED Not while of work 100 (State) 215. NO DISEASE OR CONDITIONS CONTRIBUTING 100 (County) (State) 216. TIME OF INJURY (Month) (Doy) (Your) 216. NUTLY OCCURRED Not while of work 100 (Not WORK)) 23. BURIAL CREMATION, 100 (NOT WORK) AND THE THEREOF NAME OF CEMETERY OR CREMATORY 100 (COUNTY) (State) 24. ACCIDENT WAS UNDERLYING (State) (Not while of work 100 (NOT WORK)) (State) (County) (State) (County) (State) (County) (State) (County) (State) (County) (State) (County) (County) (State) (County)		(10), it is a state of the stat		
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 190. DATE OF OPERATION 191. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? VES NO D 210. THE CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.) 211. THE OF INJURY (Month) (Day) (Yeer) (Nour) 210. INJURY OCCURED M. et work 222. I hereby certify that I attended the deceased from. M. et work 233. BURIAL, (REMATION) DATE SIGN NAME OF CEMETERY OR CREMATORY LOCATION (City, town, etcle) DATE SIGN LOCATION (City, town, etcle) DATE SIGN LOCATION (City, town, etcle) DATE SIGN NAME OF CEMETERY OR CREMATORY NAME OF CEMETERY OR CREMATORY LOCATION (City, town, etcle) DATE SIGN LOCATION (City, town, etcle)			CATION	INTERVAL BETWEEN
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT WAS UNDERLYING DOF INJURY Street, office bidg., etc.) OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINES) 21d. TIME OF INJURY (Monih) (Dey) (Yeer) (Hour) M. D. 22. E hereby certify that I attended the deceased from. M.D. ADDRESS (Street, city, lown, stele) DATE SIGN M.D. AME OF CEMETERY OR CREMATION NAME OF CEMETERY OR CREMATORY NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, stele) DATE SIGN LOCATION (City, lown, or county) [Stelet COLUMN (Street, City, lown, or county)] [Stelet COLUMN (Street, City, lown, or county)] Stelet COLUMN (Street, City, lown, or county) COLUMN (STREET) COLUMN (STREET) COLUMN (City, lown, or county)		I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	10	ONSEL AND DEATH
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT WAS UNDERLYING DOF INJURY Street, office bidg., etc.) OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINES) 21d. TIME OF INJURY (Monih) (Dey) (Yeer) (Hour) M. D. 22. E hereby certify that I attended the deceased from. M.D. ADDRESS (Street, city, lown, stele) DATE SIGN M.D. AME OF CEMETERY OR CREMATION NAME OF CEMETERY OR CREMATORY NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, stele) DATE SIGN LOCATION (City, lown, or county) [Stelet COLUMN (Street, City, lown, or county)] [Stelet COLUMN (Street, City, lown, or county)] Stelet COLUMN (Street, City, lown, or county) COLUMN (STREET) COLUMN (STREET) COLUMN (City, lown, or county)		75/X IMMEDIATE CAUSE (A) / arolly	(Illus	2 Queiso
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR COND TION CAUSING DEATH 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21e. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21e. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While et work 22. I hereby certify that I attended the deceased from. M. et work ADDRESS (Street, city, lown, stele) DATE SIGN NAME OF CEMETERY OR CREMATORY NAME OF CEMETERY OR CREMATORY NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stele) DATE SIGN N.D. REMOVAL (SPECIFY) NORTH LAST CCCLCC, M		ANTECEDENT CAUSES DUE TO		12
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196. DATE OF OPERATION 196. DATE OF OPERATION 196. DATE OF OPERATION 196. DATE OF OPERATION 197. MAJOR FINDINGS OF OPERATION 207. AUTOPSYN. 198. ACCIDENT WAS UNDERLYING DEATH 216. ACCIDENT WAS UNDERLYING DEATH OF INJURY Street, office bidg., etc.) 216. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 216. ACCIDENT WAS UNDERLYING DEATH OF INJURY OF I		STATING CAUSE LAST.	Mala	Sugar
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19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO D 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work 10 et work			e suin + ahome's proposition	2-5
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While of twork of two twork of two twork of two			man papers papers	20 AUPOPSY2/
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While et work 21f. HOW DID INJURY OCCUR? While of work 19 5, to		The Major Habited of Orange Andrew		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While of work of the street of t		216. ACCIDENT WAS UNDERLYING FI 21b. PLACE (Home, farm, factory, 21c.	WHERE DID INJURY OCCUR? (City or town) (County)	1.00
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While work with work 1 st w		OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
22. I hereby certify that I attended the deceased from 1955, to 1955, that I last saw the deceased elive on 1955, and that death occurred at 1956, irom the causes and on the date stated above. SIGNATURE M.D. 23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY)			HOW DID INITIRY OCCUR?	
22. I hereby certify that I attended the deceased from 1955, to 1955, that I last saw the deceased live on 1955, to 1955, that I last saw the deceased live on 1955, to 1955, that I last saw the deceased live on 1955, to 1955, that I last saw the deceased live on 1955, that I last sa		While _ Not while _	TIOTI DID ROOK! OCCOR!	
elive on		M. et wark et work		
elive on		22. I hereby certify that I attended the deceased from.	, 19 5, to	st saw the deceased
SIGNATURE SIGNATURE M.D. LOCATION (City, town, stele) DATE SIGN M.D. 23. BURIAL, CREMATION, REMOVAL (SPECIFY)		1/ 02		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL (2			
REMOVAL (SPECIFY)		1 1 7 1	E 011. 011	11 950
REMOVAL (SPECIFY) NOV 2 E 1/26 B F T H L L NETHADIST NORTH EAST CECILCO, M	555	THE COLUMN TO TH	MATCH A LOCATION ICAN IS	((6()))
	ű		MATOR COUNTY)	(21619)
	AIS	BURICL NOVIELOS DETHIL	METHADIST NORTHEAST CA	JLCO. MA
	2	24. REC'D BY REGISTRAR / REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE AD	DRESS
1 - 26-55 South & Rotterand Joseph B Grand mot En had		11-26-55 Xandre & Rotting	Joseph R Ger and mark E.	, had

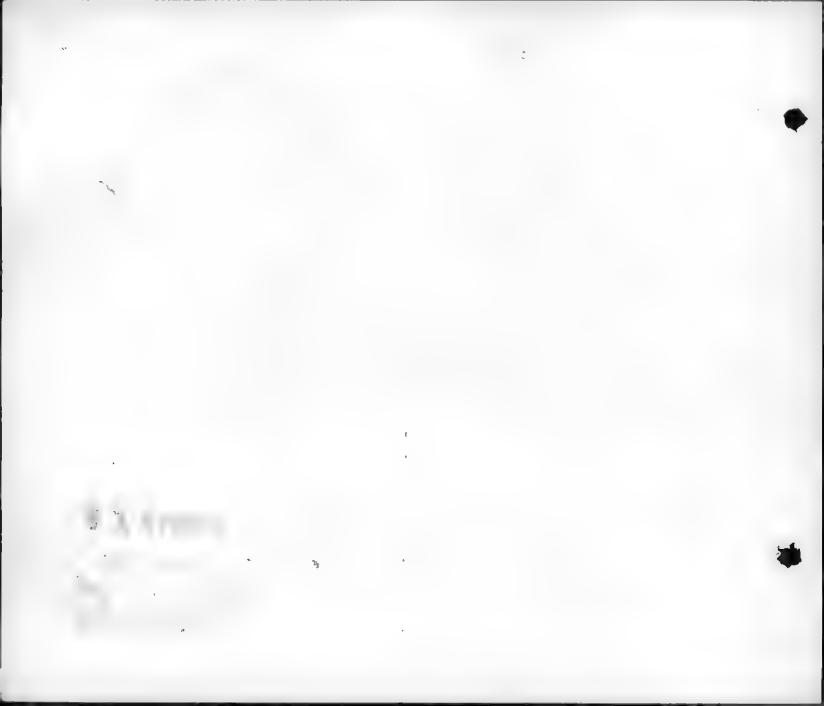


VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19736CERTIFICATE OF DEATH

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
2	COUNTY (cc) MARYLAND	STATE //a/ COUN	TY CECH
2	CITY (If outside corporate limits, write RURAL/LENGTH OF STAY	CITY (If outside corporate limits, write RURAL a	
ű	OR and give nearest town) (in this piece)	TOWN EL VIOLE MA	*
2	HOSPITAL OR	STREET (If fural give location)
\$	INSTITUTION OR STREET ADDRESS RFD#4, ELKTON, Md.	ADDRESS DEATH FIRE	111,
7		NEW TOLKAN	-1/14
200	DECEASED:	(Last) 4. DATE (Month) (Day OF	pro-
-	5. SEX: S. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE inst birthday: IF UNDER I Y	EAR I P UNDER 24 HRS.
2	RACE: WIDOWED, DIVORCED, (Specify):		ays Hours Min.
ð	10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS O	20,1007 00	CITIZEN OF WHAT
5	work done during most of working life, even if retired); INDUSTRY;		COUNTRY
n U	13. FATHER'S NAME: Hasselvife	damberille, nor Jamy	4.5.
2	John Sherman		
		Letitis Reigal	
2	(Ven. no. or unk.) (If Ves give wer or dates of	R. F. D. # 7	
3			, Md.
\$	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TON	Interval Between
Z Z	1770 00	-1 -1	Onset And Death
1 1 1	Immediate cause (a)	TIC CHEST WALL CANCER	. 5 4/mg
	Antecedent causes (s)	of the UTERUS +	
£11S	Diseases or conditions, if any, (b) ANCER		
T C I	stating the underlying cause last.	/	3-841am.
n E		BREAST	7-07
4	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
11.5	related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
1 12			Yes Now
odi.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree	et, (CITY OR TOWN) (COUNTY) (S	STATE)
111	HOMICIDE INJURY		
2	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
£12	INJURY m. Work At Work		
S.D.	22. I hereby certify that I attended the deceased from 5/4.		
3) -	alive on		stated above.
~~ ~~	SIGNATURE (Degree or title)	ADDRESS	ALE SIGNED
0.0	23. BUMAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or co	ounty) (State)
	REMOVAL (Specify) 11/10/1955 Methodist Ex		n. s.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR 259E M	ADDRESS
	- Nov 9 Hytrager	Poppin Famual Home E/A	ston Md
			/



Heurs aller death. Aller this sctor, the third copy of this law requires that the death Certificate be executed within 24 hours after death. **EXAMPLE DIRECTOR:** The law requires that the death certificate be filled will the registrar mithin XII certificate has been executed by the attending physician and completely filled in by the funeral dired death certificate assembly should be detached for use as a burial transit permit. ATTENDING PRYSICIAN OR HOSPITAL: The law requires that Tile bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

director, the third copy of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1973? CERTIFICATE OF DEATH

0739

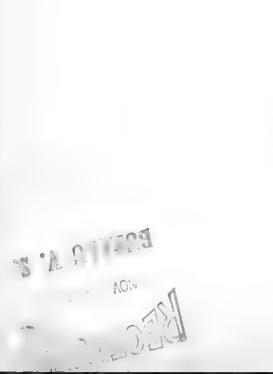
Reg. Dist. No.

1. PLACE OF DE	ATH				2. USUAL RESIDE	NCE (HOME) OF DECE	ASED	
COUNTY (Cecil		MARYL	AND	STATE Maryl	and county	Cecil	
CITY (If outside co	rporate limits, write	RURAL	LENGTH OF		OR	porata limits, write RURAL and gl	va naafest town)	
X TOWN (Charles	town	10 Yr	S	TOWNCharl	estown		X
HOSPITAL OR SYSTITUTION OR STREET ADDRESS					STREET ADDRESS	(If rural give loc	elion)	1
3. NAME OF	(First)		(Middle)		(Last)	4. DATE (Month)	(Dey)	(Year)
(Type or Print)	John		P.	Stell	е	DEATHNOV.	6	19 55
	COLOR OR	7. SINGLE, N	ARRIED, D. DIVORCED,	8. DATE OF	BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS.
Male Wi	iite	Maspege/	ed	July	16,1882	73 yrs. Mo	nihs Deys	Hours Min.
100. USUAL OCCUPATION	ON (Give kind of w	rork 10b	KIND OF BUSINESS	1 1	. BIRTHPLACE (Sieta or for	reign country)	12. CITIZE	N OF WHAT
Manufactui	rer owne	ër Ret	ired Tex	tile	Maryland			A
13. FATHER'S NAME		, ,			14. MOTHER'S MAIDEN	NAME	100	
3	John		Stelle		Lucy	Glanv	ille	
IS. WAS DECEASED EV			16. SOCIAL SECU	JRITY NO.	17. INFORMANT &	ADDRESS		,
(Yes, no, or unk.) (8)	fes, give wer or del	es of servica)	221=10=	0130	Marry Sa	Stelle Charl	estown	Ma
I DISEASES OR CONDI	VIONE DIRECTIVE	EADING TO DE	18. MED	ICAL CERT			INTE	RYAL BETWEEN
2 3 7 X	HONS DIRECTLY L	EADING TO DE		bral	throm bos			1 days
" IMMEDIA	TE CAUSE	(A)	Dere	Ora I	THYOU DOS	, 3	7	1 Clay 1
	41 64636(3)	UE TO	Trucrelia.	ed Art	eria selevos	14	10	Years
DISEASES OR CONDITION	ABOVE CAUSE	UE TO						1
STATING UNDERLYING	CAUSE LASI.	(€)						
TO THE DEATH BUT NO DISEASE OR CONDITION	OT RELATED TO TH	1E	Prostet:	Hype	trop Ry		2	yrs.
190. DATE OF OPERATIO	ON 196.	MAJOR FINDI	NGS OF OPERATION	1//	1/		20 YES	AUTOPSY?
210. ACCIDENT WAS UNDER CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION	AUSE OF DEATH	21b. PLACE OF INJURY str	(Home, farm, fectory reet, office bldg., etc.		. WHERE DID INJURY OCC	UR? (City or town)	(County)	(State)
21d. TIME OF INJURY		Yeer) (Hour)		RRED 21	f. HOW DID INJURY OCC	UR?		
22. I hereby cer	rtify that I att				+ 19.55 to 7	NOV , 1955 ,	hat I last say	w the deceased
						causes and on the date		
SIGNATURE	1/0	. //	Cite Inter Count		ADI	DRESS (Street, city, town, ste	ile) [DATE SIGNED
h	laus H	· Heres	Lur	M.D.	No.t	4 East Rol	2	Nov'55
23. BURIAL, CREMATIO	N, DATE	THEREOF	NAME OF	CEMETERY OR C	REMATORY	LOCATION (City, fown or	county)	(Stefa)
Burial	11	-9-195	55 Spri	ng Hil	1 Cemetery	Easton. Me	đ.	
24. REC'D BY REGISTRA	REGIS	TRAR'S SIGNA	TURE	1	25. FUNERAL DIRECTOR		ADDRESS	,
DATE - / - +	- 9 3 1	~,	- A 4	7 7	Vera,	Meison	9.500	V
							. Will o	

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S A Transma

REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10739 CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY CECIL MARYLAND	STATE WASHINGTON DOOLTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town
OR and give nearest town) (in this place) 102 days	OR TOWN	41/2-5
HOSPITAL OR	STREET (If rural give location) ADDRESS	1
)STREET ADDRESS Veterans Administration Hospi	lal 324 First St. S.E.	
3. NAME OF (First) (Middle)		Day) (Year)
OECEASED: (Type or Print) Paul Ellsworth	Torbert DEATH November	20. 1955
RACE WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1	Days Hours Min.
TOA USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, even if retired): BOLLETMEKET OR INDUSTRY:	Jersey Shore, Pennsylvania	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME	
James F. Torbert	Sarah Burnett	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	The state of the s
(Yres. or unk.) (If Yes, give war riates 205 03 1038	VA Hospital Records, Perry F	oint, Md.
18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	monia right lower lobe	Terminal
IMMEDIATE CAUSE (A)	monta right tower lone	rerminal
ANTECEDENT CAUSE (S) DUE TO Lae.nec's c	irrhosis	Unknown
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST. DUE TO Multiple Cy	rst of both kidneys	Unknown
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	DN	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	ctory, 21c. WHERE DID (City or town) (Coun., etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	2 2 1F. HOW DID INJURY OCCUR?	
	10 10 55 to 11-20- 10 55 XXXXXXX	CANANA A MANANA
22. I hereby certify that I attended the deceased from S-	t 1:30 M, from the causes and on the date	stated above.
SIGNATURE	ADDRESS DA	TE SIGNED
W. OPPLER, Director of Professional Sery	Wiges VA Hospital, Perry Point,	Ld. 11-21-55
REMOVAL (SPECIFY) 11-21-55 Not accomb	ainable Jersey Shore, p	
	4 74 FUNERAL DIRECTOR /	ADDRESS

S'A CON

24. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

DATE REC'D BY

TANY .TO

SSET T



72 hours after death. After director, the third copy of registrar within by the funeral .5

this

24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10744

10741 CERTIFICATE OF DEATH

1. PLACE OF DEATH			1 2. Milias mean	Chica minus, of open	NACO.	
COUNTY Cecil			STATE Mary	Land COUNTY	r.con	
CITY (if outside corporate limits,	write RURAL	LENGTH OF STAY		programa limits, write RURAL and give	Cecil	
X TOWN and give nearest town) be	osit	Life	OR .	Deposit	,	×
HOSPITAL OR			STREET	(If rurel give loca	ation)	
STREET ADDRESS	Main;St		ADDRESS	Main.	9+	
3. NAME OF (First)		Middle)	(Lest)	4. DATE (Month)	(Day)	(Year)
(Type or Print) Lulu	V. G.	Wes	terfield	DEATH NOV	.17	₁₉ 55
S. SEX , 6. COLOR OR	7. SINGLE, MARRIE	D. 8. DAT	E OF BIRTH		INDER 1 YEAR	HE UNDER 24 HRS.
Female White	(SpeWyldov	ved Jun	e 14,1867	88 yrs. Mon	ths Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind done during most of working life, retired) House Wif	of work 10b. KIN	OF BUSINESS INDUSTRY	11. BIRTHPLACE (Stelle or fi	oreign country)	12. CITIZE	N OF WHAT
retired) House Wif	e	INDOSIKI	Maryland		US	
3. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME		
Lucius A	. C. Ger	ry	Jane A.	Vanneman		
S. WAS DECEASED EVER IN U. S. A		SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS		
(Kes, in flounk.) (If Yes, give wer o	or detes of service)	None	Harry G.	Westerfield,	Rosemo	nt.Pa.
I DISEASES OR CONDITIONS DIRECT IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, # ANY GIVING RISE TO THE ABOVE CAUS STATING UNDERLYING CAUSE LAST	DUE TO CON	terio- S	famor	hoge	12	et and death Loup
II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	O THE 1.4	Terebral OF OPERATION	Hemork	ge (Left Also)	10 S	AUTOPSY?
210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH	H OF INJURY street, of	ferm, fectory, fice bldg., etc.)	21c. WHERE DID ANJURY OC	CUR? (City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Dey	r) (Year) (Hour) 21e. While M, et wo		216. HOW DID MULLY OC	CUR?		
23. BURIAL, CREMATION, REMANAL (SPECIES)	attended the decea 19.55 and DATE THEREOF 1.1-20-1.955	that death occurred M.D. NAME OF CEMETERY	Port Les	DRESS (Street, city, byn, stet	stated above	w the deceased o. DATE SIGNED (Siete) Rural
24. REC'D BY REGISTRAR R	EGISTRAR'S SIGNATURE	. 1 _4	25 FUNERAL DIRECTOR	Port Deposi	ADDRESS	2 C CK 2 CK 2
11.15-146	9 2 2 14	· Li = distry	Naga Qt	to and a long por	01	0. AA 1

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to ye 4 mins

10742 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Cecil MARYLAND	STATE Maryland COUNTY Cecil	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN Bainbridge, Md / min	CITY (If outside corporate limits write RURAL and OR TOWN Port Deposit	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH BAINBRIDGE, Md	STREET (II rural, give location) ADDRESS #1 Granate Ave	Test I
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Mary Avenell	(Last) 4. DATE (Month) (Day) Wilson DEATH 11 13	(Year) 19 55
Female White Specify Married 9-21-		ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Waitress	Logan, West Virginia	CITIZEN OF WILAT COUNTRY? . S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Benjamine F. Nunley	Nancy E. Elkins	
(Ves no or unk) (If Ves give war or dates of)	17. INFORMANT & ADDRESS: Port Declarence Thomas Nunley, Brother #	posit, Md 1 Granate
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		ONST. AND DRATH
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	and the same and t	
19m. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		Yes No C
21a. EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING 21b. PLACE (Home, farm, factory, OF street, office bldg, etc., CAUSE OF DEATH. 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY HIGH Way II #.	1 Port Deposit, Conowingo, Cecil, 211. How DID INJURY OCCUR? Automobile Accident, RT #1 nea	Dam
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes [], Accided SIGNATURE	dent x, Suicide □, Homicide □, Undeterminent □	Inquiry [], and mined cause [] DATE SIGNED 11-13-1955
23. BURIAL, CREMATION. DATE THEREOF NAME OF CHMETER REMOVAL (Specify): DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE REG.	11 1 . 4 . 111.1 . 1	ADDRESS

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Sumply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10746

0723	CERTIFICATE	OF	DEATH
		- A	

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Cecil MARYLAND	cil Maryland State Maryland COUNTY Cecil			1
CITY (If outside corporate limits, write RURAL) LENGTH	OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET (If rural give location) ADDRESS		
3. NAME OF (First) (Middle)	(Li	st)	4. DATE (Month)	(Day) (Year)
(Type or Print) Samuel W.	Wilson	1	OF DEATH: 11-2	1955
male White (Specify): Widowed	2-15-J		9. AGE last birthday IF UNDER 79 yrs. Months	
work done during most of working life. even if retired): Farmer ret Farm owner	1	Marylan	(State or foreign country); 1;	COUNTRY? WHAT
13. FATHER'S NAME:		4. MOTHER'S M	IAIDEN NAME:	
John Wilson		Maggie Enwhistle		
15. WAS DECEASED EVER IN U.B. ARMED FORCEST (S. BOCIAL SECURI	ITY NO.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates None	1	Miss Mryt	n, Md	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ouory	artere d'arter	as sufarctions octeroris	5 yrs.
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF O	PERATION			20, AUTOPSY?
				YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of IF EITHER, NOTIFY MEDICAL EXAMINER)	office bldg., et	INJURY OCCL	JR?	unty) (State)
OF INJURY OF INJURY M. 21E INJURY OF Not at work at w	while work	21F. HOW DID	INJURY OCCUR?	
Burial 11-30-1955 Union	urred at and M. D.	Address OR CREMATOR	the causes and on the dates of the causes	e stated above, ATE SIGNED / > 4 / 5 of county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		04. FUNERAL	DIRECTOR North Es	ADDRESS

BUREAU V. S.

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